

Bail Bond Agent or Recovery Agent Exam/Re-exam Application

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BAIL BOND UNIT P.O. BOX 9048	Exam/Re-exam Application			
OLYMPIA, WA 98507-9048 (360)664-6624 FAX (360)570-7888			FOR VALIDATION ONLY	
Fee: \$25.00			Make remittance payable to State Treasurer.	
☐ Qualified Agent☐ Recovery Agent			Send this application with your remittance to: Department of Licensing PO Box 9048	
Please type or print clearly in dark ink			Olympia, WA 98507-9048	
Name	FIRST		Birthdate ///	
Business Name	STREET			
Business Address			_Telephone No. ()	
City	State	Zip	Fax ()	
X SIGNATURE OF APPLICA	NT	Date		

Exams are administered at Licensing Services Offices around the state. Please select the location you would most like to be scheduled for the exam from the list below.

Please mark your first choice with a 1 in the box and your second choice with a 2.

Auburn	Kirkland	Seattle - Greenwood
Bellevue	Lynnwood	Smokey Point
Bellingham	Olympia	Spokane East
Bothell	Omak	Sunnyside
Bremerton	Parkland	Tacoma South
Clarkston	Port Angeles	Tacoma West
Everett	Port Townsend	Union Gap
Federal Way	Puyallup	Vancouver
Kennewick	Renton	Walla Walla
Kent	Seattle - Downtown	Wenatchee

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56